



04-08-05

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75911
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(Depositor's name)
(Signatures)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/072.464 02/07/2002 Gregory R. Collins 1508/1L24US1 1828

TITLE OF INVENTION: METHOD AND APPARATUS FOR A HEMODIAFILTRATION DELIVERY MODULE 04/11/2005 DENMANU2 00000006 10072464

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MENON, KRISHNAN S	1723	210-645000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 Darby & Darby
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) **Rec. 3/21/02 R/F: 012728/0865**
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **Nephros, Inc.**
(B) RESIDENCE: (CITY and STATE OR COUNTRY) **New York, New York**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

- 4a. The following fee(s) are enclosed:
☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____
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☒ A check in the amount of the fee(s) is enclosed. **\$1000.00**
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5. Change in Entity Status (from status indicated above)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Edward J. Ellis Date 4/6/05
Typed or printed name **Edward J. Ellis** Registration No. **40,389**

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